

**If these tests were not witnessed by the  
Inspector responsible for inspecting this  
conveyance, send this completed form to the  
Inspector**



## Hydraulic In-Ground Jack or Piping Pre- January 1, 1994, Not Protected by PVC or Equivalent - Category 1

Please type or print clearly. Illegible and incomplete forms will not be accepted.  
Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), stats.]

Building Information				Owner Information (complete if changed)			
Name				Name			
Address				Address			
City	State	WI	ZIP	City	State	ZIP	
Conveyance Information			Regulated Object ID or Tag No.		Manufacturer		
Type	Passenger <input type="checkbox"/>	Freight <input type="checkbox"/>	Ltd. Use/ Ltd. Appl.. (LULA) <input type="checkbox"/>	Part V or Residential <input type="checkbox"/>	Special Purpose (SPPE) <input type="checkbox"/>	Sidewalk <input type="checkbox"/>	Stage/Orch. <input type="checkbox"/>
						Other <input type="checkbox"/> Describe:	
Rated load (lbs):		Rated speed (up, fpm):		Operating speed (down, fpm):		Leveling speed (fpm):	

For tests see **SPS 318.1708(2)(h)**, **ASME A17.1**, **8.6.5.14.1** and **8.6.5.14.2**, the code in effect when the conveyance or hydraulic jack were installed and ASME A17.2.

**Note:** In-ground jack and piping are exempt from the testing requirement if shown to the department to be completely protected by PVC or an *approved* HDPE or flexible jack protection system that does not leak and completely surrounds the bottom and sides of the jack.

Applying Relief Pressure to System	
Full-load working pressure (FLWP):	psi <b>Note:</b> This is pressure in up direction with car <b>fully</b> loaded - this is <b>not</b> empty car running pressure
FLWP determined by: (check one - calculation is not acceptable) Verifying previous setting or records: <input type="checkbox"/> Confirming now with test weights: <input type="checkbox"/>	
Relief pressure (RP) with plunger or piston on stop-ring:	psi <b>Note:</b> If RP exceeds 150% of FLWP, test will be rejected
Was pressure adjustment sealed prior to start of test: Yes: <input type="checkbox"/> No: <input type="checkbox"/> If no, will valve be sealed: Yes: <input type="checkbox"/> No: <input type="checkbox"/> If No, why:	
Static Test	
After applying relief pressure to system open the main electrical disconnect for minimum 15 minutes. A change in car position after the time has elapsed that cannot be explained by visible oil leakage, valve leakage or cooling of oil indicates a leak in the below-ground portion of the cylinder or piping. To determine whether valve leakage occurred, the tester must compare the volume of oil rise in the tank to the volume of oil displaced from the cylinder by the plunger or piston during the test.	
Length of time for test (15 minutes minimum):	minutes
Change in oil level in tank:	inches
Change in car position:	inches
Corresponding change in oil volume in tank:	cubic inches
Corresponding change in oil volume in cylinder:	cubic inches
Does the descent of the car over the time match the rise in oil level in the tank? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain where oil is lost:	
<b>Date of test:</b>	Result of Test: Pass <input type="checkbox"/> Fail <input type="checkbox"/> If Fail, application to performing jack replacement must be sent to this department beforehand. Also, leaking cylinder or piping is under regulation of DNR for underground contamination. <a href="#">DNR Soil Contamination Information</a>

Testing Information			
Contractor Name (or Owner if performed by a licensed employee)		Individual Name	
Address		License Number	Expiration Date
City	State	ZIP	Signature

**Place a copy of the completed form in the maintenance record. See ASME A17.1, 8.6.1.4.1, 8.6.1.7.2 and SPS 318.1708(2)(e) for additional information regarding on-site records and test tags.**

If these tests are performed voluntarily, include this report in the Maintenance Record but do not send to the district inspector.

**If these tests were not witnessed by the Inspector send this completed form to the inspector**

**Witnessing of Tests: SPS 318.1708(2)(d).** Periodic tests may be witnessed an inspector of the department, agent municipality or by a person authorized by the department or agent municipality.